

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC 4, 2017 Case Number: 18-39

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Michael Walker
Premise Name: Bradshaw Vet Clinic
Premise Address: 6227 E. 2nd St
City: Prescott Valley State: AZ Zip Code: _____
Telephone: 928-772-7775

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Mary E. Wakimoto (Welchert) DVM
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: _____ Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

DEC 04 2017

BY: _____

C. PATIENT INFORMATION (1):

Name: Mully "Freckles"
Breed/Species: Feline
Age: ? Sex: FS Color: Gray

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

① Dr Michael Walker
6227 E. 2nd St
Prescott Valley, AZ
928-772-7775

② Dr D. Raenell William
1318 Iron Springs Rd
Prescott, AZ 86305

928-445-2190
* 2nd opinion consult only *

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Miss Kittys CAT House

There are a number of
staff who agree with
me. One is Jessica Reeves

This is a cat rescue group.
The staff are aware of my
concerns and have ignored
it. Pat Lee is the one who
has the final vote. Can be
reached at
patlee1939@gmail.com

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Mary F Wakimoto

Date: 11-30-17

F. ALLEGATIONS AND/or CONCERNS:

I retired and moved to AZ 4 ½ years ago. I was a practicing veterinarian in CA for 30 years. For 27 of those years I had my own house call practice for cats only. This information is just to establish that I have some valid observations and concerns. I wanted to continue working with cats so I signed up at Miss Kittys (cat rescue organization) doing care taking – feeding, cleaning, etc. From time to time I would mention something that needed attention and it was taken into consideration on occasion.

I first became aware of Muffy's problem a number of months ago – not grooming, losing weight, reluctant to eat, etc. Looking in the mouth revealed a painful disaster – stomatitis, gingivitis, glossitis, etc. I told the manager and Muffy was taken to Dr. Walker. The teeth were cleaned. With no improvement, the cat was treated with steroids, antibiotics, drops added to the water, etc. Still no improvement so I suggested that they get a second opinion. They took the cat to Prescott Animal Hospital where Dr. Killian looked at the cat. She agreed with me that the teeth needed to be pulled – something that I had suggested but both the staff at Miss Kittys and Dr. Walker were not comfortable with. In the meantime, Dr. Walker said the cat tested positive for coronavirus and put the cat on an expensive, worthless drug – polyprenyl – touted for FIP which the cat does not have. Even if she had FIP, the drug is still useless. Bottom line – Muffy is being treated for a disease she doesn't have with a drug that doesn't work and she's still in pain.

I feel this cat is being horribly mistreated. She has had to put up with pain for months . This is just plain cruel.

Had I know this would be the outcome, I would have documented this with times and dates. This rescue organization is very good overall however it uses Bradshaw Vet Clinic because of its discounted rates and the manager of Miss Kittys thinks Dr. Walker "walks on water". Some of the staff have related to me that they were told polyprenyl is a "miracle" drug (it would be a miracle if it worked!) so there is definitely misinformation going on. Dr. Killeen (2nd opinion) gave Miss Kittys a quote for treating Muffy and Dr. Walker said he would do it for half the price. Sounds good but the standard of care is not there. I've seen cats come back to Miss Kittys after having teeth removed and they are not sent home with pain medication. I think Muffy would be in worse shape (hard to believe) if Dr. Walker was allowed to do the surgery.

My only and greatest concern is for the health of Muffy. I know we are in the holidays and everyone is busy but I would be very grateful if this matter could be expedited so that Muffy could also enjoy a good life.

Thank you for your consideration in this matter.

Sincerely,

Mary E. Wakimow, DVM

RE-18-39

Michael Walker, DVM
License 2019
6227 E 2nd Street
Prescott Valley, AZ 86314
928-772-7775

12/18/17

Dear Veterinary Board,

I have worked with Miss Kitty's Cat House (MKCH) for nearly 12 years on many of their rescues and sick cats at a discounted rate to offer our community a needed service. We work with a large number of their cats every month for routine checkups, surgeries, and medical issues as well as see a normal amount of regular clients. This is the first complaint that I have ever heard come from the organization and it is not from anyone in a board position. However, the concerns of our retired Dr. Wakimoto have been discussed many times with the director Pat Lee and other members that have brought Muffy in for checkups and with MKCH staff when they were in for appointments for other cats than Muffy.

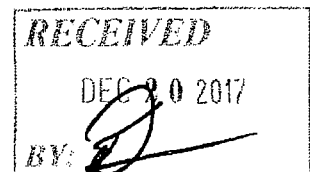
Muffy slowly started to develop her stomatitis over the past year. She is not the easiest cat to work with so many medications were given as injections instead of oral medications. This was by request of MKCH staff for ease of treatment. As per the records, several veterinarians have seen and treated Muffy and she did improve for a period of time between visits early on. However longer breaks in treatments, February to May and August to October, did seem to have her come back with increased stomatitis.

I did welcome a second opinion about Muffy and agreed that pulling the teeth would be a next step. However, I did warn that pulling the teeth may not resolve the stomatitis. I made it clear to several of the staff that this could be the case. The goal of certain members of the organization was to have a cat that needed no treatment at all, I could not promise that to them. Pat Lee, the director, was also made aware of the situation and has made the medical decisions for Muffy. I gave her the option of pulling teeth, trying atropica, and discussed the option of the experimental use of Polypranyl Immunostimulant or a combination of the above.

The use of the Polypranyl Immunostimulant for Muffy was the decision of Pat Lee with the knowledge that there is no proof that it would work but I felt it would not hurt Muffy to try it. Chronic viral infections can cause gingivitis/stomatitis and with a Corona titer of 1:6400 the cat has an active infection or chronic exposure to corona virus.

Though I understand Dr. Wakimoto's concerns, I feel that the cat's best interest has been our goal, her concerns have been discussed with the appropriate personnel, and the ultimate choice on how to treat Muffy has been in the hands of MKCH board of directors.

I encourage you to speak to Pat Lee, [REDACTED] or [REDACTED] and have also included a statement from the MKCH board regarding Muffy.



We keep as best records as possible for MKCH considering the volume of patients they bring to us. Enclosed are the records we have with their transcriptions. There are many conversations in passing about many of the cats seen that have not been documented as would be with a privately owned pet. Consequently, not all conversations may be documented on paper.

I do hope that you do take into considerations all of the factors in this case and not the opinion of a retired veterinarian, volunteering as cleaning personnel, that has never spoken to me, has never observed our standard of care, and has not been in on any of the conversations that the staff at Bradshaw Mountain Animal Hospital has had with the management staff of Miss Kitty's Cat House.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Walker", with a long, sweeping horizontal line extending to the right.

Michael Walker, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M. - **Absent**
Mary Williams
Ed Hunter, R.Ph

STAFF PRESENT: Tracy Riendeau, CVT, Staff Investigator
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-39

Complainant(s): Mary E. Wakimoto

Respondent(s): Michael Walker, D.V.M. (License: 2019)

SUMMARY:

Complaint Received at Board Office: 12/4/17

Committee Discussion: 3/6/18

Board IIR: 4/18/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014

(Salmon); Rules as Revised September 2013 (Yellow).

"Muffy," an approximately 3-year-old female domestic short hair cat was presented to Respondent on several occasions for stomatitis. The cat was treated with Depo-Medrol, Convenia and Atopica; discussions of full mouth extraction occurred but Respondent could not guarantee the cat would be cured.

Complainant contends Respondent was negligent in the care of the cat.

Complainant was noticed and appeared.

Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Mary E. Wakimoto, DVM
- Respondent(s) narrative/medical record: Michael Walker, DVM
- Consulting Veterinarian(s) narrative/medical record: Danette Killian, DVM – Prescott Animal Hospital
- Witness(es) narrative: Patricia Lee - Miss Kitty's Cat House President

PROPOSED 'FINDINGS of FACT':

1. Complainant had been a practicing veterinarian in California for 30 years and had a cat only practice. She moved to Arizona and became a volunteer at Miss Kitty's Cat House. While volunteering she noticed the cat was not grooming, losing weight and was reluctant to eat. Complainant looked at the mouth and saw stomatitis, gingivitis and glossitis – the manager was made aware and the cat was taken to see Respondent.

2. According to Respondent, the cat started to develop stomatitis over the past year. Since the cat was not easy to work with, many medications were given as injections instead of oral medications for ease of treatment. The cat improved for a period of time between visits early on but came back with increased stomatitis.

3. On January 12, 2017, the cat was presented to Respondent due to not eating for 4 days. Upon exam, the cat had a weight = 10.82 pounds, a temperature = 102.5 degrees, a heart rate = 146bpm and respiration rate = 22rpm. Respondent noted mild tartar, heavy plaque, and red gums, especially on the left side of the mouth. The cat was overweight and had a rough coat due to poor grooming. Blood work performed and nothing significant was noted. Respondent recommended a dental and administered the cat Convenia 40mg SQ and Depo-Medrol 20mg SQ.

4. The following day, the cat was presented to Respondent's associate, Dr. Ryan for a dental. The cat was examined, pre-medicated, induced and intubated; the dental was performed. Dr. Ryan noted that the right upper quadrant revealed moderate gingivitis and periodontal pocket. The left upper quadrant revealed tooth root resorption 1 and mild gingivitis. The cat was administered Clindamycin and hydromorphone SQ; recheck recommended to see if dental improved gingivitis.

5. On January 25, 2017, the cat was presented to Respondent for a recheck. The cat was examined and it was noted that the teeth looked good.

6. On February 24, 2017, the cat was presented to Respondent's associate, Dr. Love, for possible anal gland issue. The cat was examined and Dr. Love noted that the cat had marked gingivitis over the upper caudal premolar, dull hair coat that was thin over the tail head and lumbar area. There was a scabbed area right of the vulva. The wound was clipped and cleaned and the anal glands were expressed – thick material was present that expressed easily. Convenia 0.51mLs was administered to the cat SQ and discharged.

7. On May 22, 2017, the cat was presented to Respondent due to anorexia and lethargy. Upon exam, the cat had a weight = 9.52 pounds, a temperature = 101.7 degrees, a pulse rate = 200bpm and a respiration rate = 64rpm. Respondent noted that the cat had mild tartar and the commissures of the mouth and pharynx were red and mildly swollen. The cat also had a rough coat with some matting. Respondent's assessment was poor grooming and mild stomatitis. Blood work showed chronic inflammation – the cat was administered Convenia 80mg/mL, 0.43mLs SQ and 20mg Depo-Medrol SQ.

8. On June 8, 2017, the cat was presented to Respondent's associate, Dr. St. Clair, for a recheck.

It was reported that the cat's appetite was down, was losing weight and fur was falling out after the last injection. The cat was examined; Dr. St. Clair found stomatitis, gingivitis, inflamed gums and some tartar on teeth. The cat was administered 1mL Depo-Medrol IM and it was recommended to recheck in 3 weeks.

9. On July 3, 2017, the cat was presented to Dr. St. Clair for a recheck of the mouth. It was reported that the cat was eating better and appeared to be feeling better. The cat was examined and stomatitis was found in the caudal mouth. The cat was administered Depo-Medrol 20mg IM and Convenia 0.5mL SQ.

10. On August 4, 2017, the cat was presented to Respondent's associate, Dr. Rajkovic, to recheck mouth and right eye. Upon exam, Dr. Rajkovic noted that the cat was fractious; the right eye was fine and there was severe stomatitis/gingivitis/pharyngitis. She recommended a water additive and discussed possibly extracting teeth.

11. On October 17, 2017, the cat was presented to Respondent to check the stomatitis. It was reported that the cat was not adoptable and had not felt or acted well in many months; mouth was always inflamed. Upon exam, the cat was fractious – had a weight = 9.5 pounds. Respondent noted minimal tartar on the teeth and red, swollen gums. The cat had chronic stomatitis; Respondent stated that all teeth could be removed but it may not help the stomatitis. They also could try a daily oral treatment, atopica. The cat was administered Depo-Medrol 20mg SQ and Convenia 80mg/mL – 0.45mL SQ.

12. The cat was tested for FeLV and FIV – both negative; FIP titer = 1:6400.

13. On October 21, 2017, Atopica was dispensed – give 9.5 pound dose daily.

14. On October 27, 2017, the cat was presented to Prescott Animal Hospital for a second opinion. Dr. Killian reviewed all the medical records and examined the cat. She felt the best solution would be to have all of the cat's teeth extracted and test for upper respiratory pathogens. An estimate was provided to Miss Kitty's Cat House representative to take to their Board. Dr. Killian did not hear back from them.

15. On October 31, 2017, Polyprenyl Immunostimulant Vial was dispensed – give 1mL orally twice a day for 15 days then give 1mL orally once daily thereafter. Respondent stated in his narrative that he discussed the Ms. Lee, Miss Kitty's Cat House president, that there was no proof that the medication would work but he felt it would not hurt to try it.

16. On December 5, 2017, the cat was presented to Respondent for a recheck. It was reported that the cat was receiving the atopica and polyprenyl immunostimulant and had a good appetite. The cat was examined and Respondent noted mild gingival hyperplasia, gums red over back of teeth and lateral commissure of mouth. There was also pharyngeal inflammation, mild gingival hyperplasia, and minimal tartar with overall improvement in stomatitis. Respondent recommended continuing treatments and reducing the atopica to every other day treatment.

17. Complainant expressed concerns that the cat was being mistreated due to being in pain.

COMMITTEE DISCUSSION:

The Committee discussed that cats with stomatitis should have full mouth extractions which was discussed with the rescue, as well as the fact that the stomatitis may not resolve with full mouth extractions. Additionally, the medications that were dispensed to the cat are approved medications and are known to help cats with stomatitis.

The Committee did not feel that Respondent's treatment fell below the standard of care.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

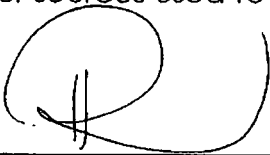
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division